

2002 UNIFORM BUSINESS REPORT (UBR)

7/16

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-16-2002 90362 011 ****61.25

DOCUMENT # 754839

1. Entity Name

ALLANDALE BAPTIST CHURCH, INC.

Principal Place of Business

3012 W 12TH STREET
 JACKSONVILLE FL 32254
 US

Mailing Address

3012 W 12TH STREET
 JACKSONVILLE FL 32254
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TYRE, GLADYS B
 1080 DETROIT ST.
 JACKSONVILLE FL 32254

DECEASED

7. Name and Address of New Registered Agent

Name **EARL WILLIAMSON**

Street Address (P.O. Box Number is Not Acceptable)
5512 GOLFVIEW ST.

City **JACKSONVILLE** FL Zip Code **32210**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Earl Williamson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TYRE, GLADYS 1080 DETROIT STREET JACKSONVILLE FL 32254 DECEASED <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRAGG, LOIS 3519 WESTWOOD STREET JACKSONVILLE FL 32254 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELLIS, GLADYS S 2979 W 12TH STREET JACKSONVILLE FL 32254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRUSTEE EARL WILLIAMSON 5512 GOLFVIEW ST. JACKSONVILLE, FLA. 32210 <input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVELYN GRAHAM 3163 SUNNYBROOK ST. JACKSONVILLE FLA. 32254 <input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARY PARTRIDGE 1222 LANE CIRCLE JACKSONVILLE, FLA. 32254 <input type="checkbox"/> Delete T

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys & Ellis 904 353 4714

Date

Daytime Phone #

CR2E037 (4/02)